

PART B - FEE(S) TRANSMITTAL

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06/30/2006

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07/17/2006 MAHME2 00000163 09935126

01 FC:2501 700.00 OP
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/935,126	08/21/2001	Lee E. Goldstein	09999-515	8381

TITLE OF INVENTION: METHODS FOR DIAGNOSING A NEURODEGENERATIVE CONDITION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	10/02/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
ROY, BAISAKHI	3737	600-476000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Mintz, Levin, Cohn, Ferris,
 Glovsky and Popeo, P.C.
 Ingrid A. Beattie

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

THE GENERAL HOSPITAL CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Boston, MA

THE BRIGHAM AND WOMEN'S HOSPITAL, INC.

Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☒ Issue Fee
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- ☒ A check in the amount of the fee(s) is enclosed.
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0311 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Ingrid A. Beattie

Date July 12, 2006

Typed or printed name

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Registration No.

42,306

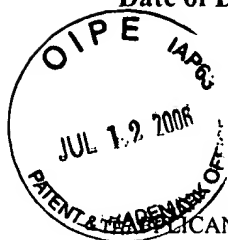
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Attorney Docket No: 27374-003



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Goldstein, Lee et al.

SERIAL NUMBER: 09/935,126

EXAMINER: Roy, Baisakhi

FILING DATE: August 21, 2001

ART UNIT: 3737

FOR: METHODS FOR DIAGNOSING A NEURODEGENERATIVE CONDITION

MAIL STOP ISSUE FEE

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Boston, Massachusetts

July 12, 2006

TRANSMITTAL LETTER

Enclosed herewith for filing in the above-identified application please find the following documents:

1. Issue Fee Transmittal (1 page);
2. Check No. 22740 in the amount of \$1,030.00 (Issue Fee \$700.00; Publication Fee \$300.00; Advance Copies of Printed Patent \$30.00);
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Please charge any additional fees that may be due, or credit any overpayment of same, to Deposit Account No. 50-0311 (Reference No. 27374-003). A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

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